



IN THE UNITED STATES
PATENT AND TRADEMARK OFFICE

APPLICANTS: Hirohide Sugahara, Takashi Miyoshi, Takeshi Horie, Jeffrey D. Larson
APPLICATION NO.: 09/653,154
FILING DATE: August 31, 2000
TITLE: Method and Apparatus For Avoiding Starvation In Computer Network
EXAMINER: Meng Al T. An
GROUP ART UNIT: 2154
ATTY. DKT. NO.: 16787-04443

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P. C. H.
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Technology Center 2100

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner For Patents, P.O. Box 1450, Alexandria, VA. 22313-1450, on the date shown below:

Dated: 3/8/04

By: Eileen A. Lehmann
Eileen A. Lehmann, Reg. No. 39,272

COMMISSIONER FOR PATENTS
P.O. BOX 1450
ALEXANDRIA, VA 22313-1450

AMENDMENT B AND REQUEST FOR RECONSIDERATION

This Amendment B and Request for Reconsideration is in response to the Office Action mailed December 1, 2003. A petition for a one-month extension of time is hereby requested and a check in the amount of \$110.00 is enclosed.

Amendments to the Claims begin on page 2.

Remarks begin on page 12.

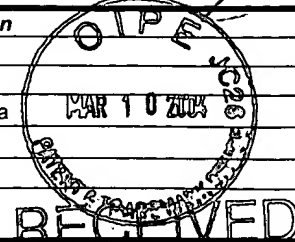
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<h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2004</h2> <p style="margin: 0; font-size: small;">Patent fees are subject to annual revision.</p>		<p style="margin: 0; font-size: x-small;"><i>Complete if Known</i></p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width: 50%;">Application Number</td><td>09/653,154</td></tr> <tr><td>Filing Date</td><td>August 31, 2000</td></tr> <tr><td>First Named Inventor</td><td>Hirohide Sugahara</td></tr> <tr><td>Examiner Name</td><td>Jungwon Chang</td></tr> <tr><td>Art Unit</td><td>2154</td></tr> <tr><td>Attorney Docket No.</td><td>16787-04443</td></tr> </table>		Application Number	09/653,154	Filing Date	August 31, 2000	First Named Inventor	Hirohide Sugahara	Examiner Name	Jungwon Chang	Art Unit	2154	Attorney Docket No.	16787-04443
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<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27															
TOTAL AMOUNT OF PAYMENT (\$) 110.00															

<p>METHOD OF PAYMENT (check all that apply)</p> <p> <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None </p> <p><input type="checkbox"/> Deposit Account:</p> <p>Deposit Account Number: 19-2555</p> <p>Deposit Account Name: Fenwick & West LLP</p> <p>The Commissioner is authorized to: (check all that apply)</p> <p> <input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments </p> <p> <input checked="" type="checkbox"/> Charge all required fee(s) or any underpayment of fee(s) due under 37 CFR §1.16 or §1.17 during the pendency of this application </p> <p> <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee </p> <p>to the above-identified deposit account.</p> <hr/> <p style="text-align: center;">FEE CALCULATION</p> <p>1. 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SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Eileen A. Lehmann	Registration No. (Attorney/Agent)	39,272
Signature	<i>Eileen A. Lehmann</i>	Telephone (650) 335-7246	
		Date	3/8/04